

Marriage Certificate Request Form

Groom's Name _____

Bride's Name with Maiden _____

Date of Marriage _____

Your Signature _____

Your Relationship to Person on Marriage Certificate

- ☐ Self
- ☐ Parent
- ☐ Guardian
- ☐ Other _____

If mailing, your address: _____

Cost of a copy of marriage certificate:

- \$15.00 for first copy
- \$4.00 for each additional copy of same certificate